

116TH CONGRESS  
1ST SESSION

# H. R. 1058

To reauthorize certain provisions of the Public Health Service Act relating to autism, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 7, 2019

Mr. SMITH of New Jersey (for himself and Mr. MICHAEL F. DOYLE of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To reauthorize certain provisions of the Public Health Service Act relating to autism, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Autism Collaboration,  
5 Accountability, Research, Education, and Support Act of  
6 2019” or the “Autism CARES Act of 2019”.

1 **SEC. 2. EXPANSION, INTENSIFICATION, AND COORDINA-**  
2 **TION OF ACTIVITIES OF NATIONAL INSTI-**  
3 **TUTES OF HEALTH WITH RESPECT TO RE-**  
4 **SEARCH ON AUTISM SPECTRUM DISORDER.**

5 Section 409C of the Public Health Service Act (42  
6 U.S.C. 284g) is amended—

7 (1) in subsection (a)(1)—

8 (A) by inserting after “and toxicology” the  
9 following: “, and interventions to maximize out-  
10 comes for persons with autism spectrum dis-  
11 order”;

12 (B) by inserting after “early” the fol-  
13 lowing: “and ongoing”; and

14 (C) by inserting after “treatment of autism  
15 spectrum disorder” the following: “, including  
16 dissemination and implementation of clinical  
17 care, supports, intervention, and treatment”;  
18 and

19 (2) in subsection (b)—

20 (A) by amending paragraph (2) to read as  
21 follows:

22 “(2) RESEARCH.—Each center under para-  
23 graph (1) shall conduct basic and clinical research  
24 into autism spectrum disorder. Such research should  
25 include investigations into the causes, diagnosis, and  
26 early and ongoing detection, prevention, and treat-

1 ment of autism spectrum disorder across the life-  
2 span. The centers, as a group, shall conduct re-  
3 search including in the fields of developmental  
4 neurobiology, genetics, psychopharmacology, genom-  
5 ics, and developmental, behavioral, and clinical psy-  
6 chology.”; and

7 (B) in paragraph (3), by adding at the end  
8 the following new subparagraph:

9 “(D) REDUCING DISPARITIES.—In award-  
10 ing grants to applicants which meet the sci-  
11 entific criteria for funding under this section,  
12 the Director may consider, as appropriate, the  
13 extent to which a center can demonstrate avail-  
14 ability and access to clinical services for youth  
15 and adults from diverse racial, ethnic, geo-  
16 graphic, or linguistic backgrounds.”.

17 **SEC. 3. DEVELOPMENTAL DISABILITIES SURVEILLANCE**  
18 **AND RESEARCH PROGRAM.**

19 Section 399AA(e) of the Public Health Service Act  
20 (42 U.S.C. 280i(e)) is amended by striking “2019” and  
21 inserting “2024”.

22 **SEC. 4. AUTISM EDUCATION, EARLY DETECTION, AND**  
23 **INTERVENTION.**

24 Section 399BB of the Public Health Service Act (42  
25 U.S.C. 280i–1) is amended—

1 (1) in subsection (a)(1), by striking “for chil-  
2 dren” and inserting “for individuals”;

3 (2) in subsection (b)—

4 (A) by redesignating paragraphs (4)  
5 through (6) as paragraphs (5) through (7), re-  
6 spectively; and

7 (B) by inserting after paragraph (3) the  
8 following new paragraph:

9 “(4) promote evidence-based screening tech-  
10 niques and interventions for individuals with autism  
11 spectrum disorder across their lifespans;”;

12 (3) in subsection (c)(1), in the matter preceding  
13 subparagraph (A), by inserting after “needs of indi-  
14 viduals with autism spectrum disorder or other de-  
15 velopmental disabilities” the following: “across the  
16 lifespan of such individuals”;

17 (4) in subsection (e), by adding at the end the  
18 following new paragraph:

19 “(4) PRIORITIZATION.—

20 “(A) IN GENERAL.—In awarding grants  
21 and agreements under paragraphs (1) and (2),  
22 the Secretary may prioritize awards to training  
23 programs described in paragraph (1) that are  
24 developmental-behavioral pediatrician training

1 programs located in rural areas or underserved  
2 areas.

3 “(B) UNDERSERVED AREA DEFINED.—In  
4 this paragraph, the term ‘underserved area’  
5 means—

6 “(i) an area described in section  
7 332(a)(1)(A); and

8 “(ii) a medically underserved popu-  
9 lation (as defined in section  
10 330(b)(3)(A)).”;

11 (5) in subsection (f), by inserting after “individ-  
12 uals with autism spectrum disorder or other develop-  
13 mental disabilities” the following: “across the life-  
14 span of such individuals”; and

15 (6) in subsection (g), by striking “2019” and  
16 inserting “2024”.

17 **SEC. 5. INTERAGENCY AUTISM COORDINATING COM-**  
18 **MITTEE.**

19 Section 399CC of the Public Health Service Act (42  
20 U.S.C. 280i–2) is amended—

21 (1) in subsection (b)—

22 (A) in paragraph (2), by inserting after  
23 “services and supports for individuals with au-  
24 tism spectrum disorder” the following: “across  
25 the lifespan of such individuals”; and

1 (B) in paragraph (5), by inserting after  
2 “individuals with an autism spectrum disorder”  
3 the following: “across the lifespan of such indi-  
4 viduals”;

5 (2) in subsection (c)—

6 (A) in paragraph (1)(D), by inserting after  
7 “the Department of Education” the following:  
8 “, the Department of Labor, the Department of  
9 Justice, the Department of Housing and Urban  
10 Development,”; and

11 (B) in paragraph (3)(A), by striking “one  
12 or more additional 4-year terms” and inserting  
13 “one additional 4-year term”; and

14 (3) in subsection (f), by striking “2019” and  
15 inserting “2024”.

16 **SEC. 6. REPORTS TO CONGRESS.**

17 Section 399DD of the Public Health Service Act (42  
18 U.S.C. 280i-3) is amended—

19 (1) in subsection (a)—

20 (A) in paragraph (1), by striking “of  
21 2014” and inserting “of 2019”; and

22 (B) in paragraph (2)—

23 (i) by striking “of 2014” each place it  
24 appears and inserting “of 2019”;

1 (ii) in subparagraph (G), striking  
2 “age of the child” and inserting “age of  
3 the individual”;

4 (iii) in subparagraph (H), by striking  
5 “and” at the end;

6 (iv) in subparagraph (I), by striking  
7 the period at the end and inserting “;  
8 and”; and

9 (v) by adding at the end the following  
10 new subparagraph:

11 “(J) information on how States use home  
12 and community-based services and other sup-  
13 ports to ensure that individuals with autism  
14 spectrum disorder or other developmental dis-  
15 abilities are living, working, and participating in  
16 the community.”; and

17 (2) by amending subsection (b) to read as fol-  
18 lows:

19 “(b) REPORT ON HEALTH AND WELL-BEING OF IN-  
20 DIVIDUALS WITH AUTISM SPECTRUM DISORDER.—

21 “(1) IN GENERAL.—Not later than 2 years  
22 after the date of enactment of the Autism CARES  
23 Act of 2019, the Secretary shall prepare and submit  
24 to the Committee on Health, Education, Labor and  
25 Pensions of the Senate and the Committee on En-

1       ergy and Commerce of the House of Representatives  
2       a report concerning the health and well-being of in-  
3       dividuals with autism spectrum disorder.

4               “(2) CONTENTS.—The report submitted under  
5       paragraph (1) shall contain—

6               “(A) demographic factors associated with  
7       the health and well-being of individuals with au-  
8       tism spectrum disorder;

9               “(B) an overview of policies and programs  
10       relevant to the health and well-being of individ-  
11       uals with autism spectrum disorder, including  
12       an identification of existing Federal laws, regu-  
13       lations, policies, research, and programs;

14               “(C) proposals on establishing best prac-  
15       tices guidelines to ensure interdisciplinary co-  
16       ordination between all relevant service providers  
17       receiving Federal funding;

18               “(D) comprehensive approaches to improv-  
19       ing health outcomes and well-being for individ-  
20       uals with autism spectrum disorder, including—

21                       “(i) community-based behavioral sup-  
22                       ports and interventions;

23                       “(ii) nutrition, recreational, and social  
24                       activities; and



1 “(iii) personal safety services for indi-  
2 viduals with autism spectrum disorder re-  
3 lated to public safety agencies or the crimi-  
4 nal justice system; and

5 “(E) recommendations that seek to im-  
6 prove health outcomes for individuals with au-  
7 tism spectrum disorder by addressing—

8 “(i) screening and diagnosis of indi-  
9 viduals of all ages;

10 “(ii) behavioral and other therapeutic  
11 approaches;

12 “(iii) primary and preventative care;

13 “(iv) communication challenges;

14 “(v) aggression, self-injury, elope-  
15 ment, and other behavioral issues;

16 “(vi) emergency room visits and acute  
17 care hospitalization;

18 “(vii) treatment for co-occurring phys-  
19 ical and mental health conditions;

20 “(viii) premature mortality;

21 “(ix) medical practitioner training;

22 and

23 “(x) caregiver mental health.”.

1 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

2 Section 399EE of the Public Health Service Act (42  
3 U.S.C. 280i-4) is amended—

4 (1) in subsection (a), by striking “\$22,000,000  
5 for each of fiscal years 2015 through 2019” and in-  
6 serting “\$23,100,000 for each of fiscal years 2020  
7 through 2024”;

8 (2) in subsection (b), by striking “\$48,000,000  
9 for each of fiscal years 2015 through 2019” and in-  
10 serting “\$50,599,000 for each of fiscal years 2020  
11 through 2024”; and

12 (3) in subsection (c), by striking “there is au-  
13 thorized to be appropriated \$190,000,000 for each  
14 of fiscal years 2015 through 2019” and inserting  
15 “there are authorized to be appropriated such sums  
16 as may be necessary for each of fiscal years 2020  
17 through 2024”.

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